

## Exhibit 69

**Drug tracking system set; NEWPORT - Pharmacists and doctors are finding themselves on the front lines of an increasingly deadly drug war. But by the end of this year, Ohio, Kentucky and Indiana hope to have a powerful new weapon.**

The Cincinnati Enquirer (Ohio)

May 3, 2010 Monday

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**Section:** NEWS; Pg. B1.0

**Length:** 1278 words

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## **Body**

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The nation's first cross-state computer system will help physicians, drug dispensers and police monitor when patients cross state lines to buy more controlled-substance drugs than they need.

Cross-border doctor-shopping is a problem nationwide, but is believed to be especially severe among Ohio, Kentucky and West Virginia. Louisville also sees cross-border problems with Indiana counties across the Ohio River.

Largely due to prescription-drug abuse, Ohio in 2009 witnessed 1,568 unintentional poisoning deaths - four times more than the 369 in 1999. About 95 percent of those poisonings were drug overdoses.

Kentucky's drug deaths climbed from 273 in 2000 to 760 in 2008. People who work in drug-treatment and recovery services believe the statistics for Kentucky, Ohio and nationwide undercount drug-related deaths.

Danna Droz runs the prescription-monitoring program for the Ohio State Board of Pharmacy.

Droz spent most of her life in Kentucky, where in 1999 she launched the Kentucky All Schedule Prescription Electronic Reporting System (KASPER).

In 2006 Droz started the Ohio Automated Rx Reporting System (OARRS) program.

Ohio's program found that last year, 18,773 patients received prescriptions from 10 or more doctors. Many of those were legitimate - with patients, for example, visiting the same hospital or clinic several times, but seeing different doctors. But many others also likely were trying to trick multiple doctors into prescribing them heavy doses of pain medicines or other narcotics to feed their addictions or sell.

An epicenter

When several drug experts in Kentucky and Ohio were asked about the scope of prescription-drug abuse across the Ohio River, they used the same word: Huge.

"Can you put HUGE in capital letters?" answered Bill Winsley, executive director of Ohio's pharmacy board. "I know it's that bad - it's been that bad for years. Between southern Ohio, eastern Kentucky and West Virginia, we've had a national reputation for years as being a major problem area for prescription opiates - hydrocodone and oxycodone in particular."

Michael Fishman

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"I think it's huge," Droz said in a separate interview. "I see exactly the same patterns, especially in southern Ohio that I saw in eastern Kentucky - and with just a bridge between them and the same (socioeconomic) problems, in western West Virginia, I think it's huge."

Kentucky's system already has helped speed police investigations of prescription abuse. An investigation that used to take 156 days - with officers calling all doctors and pharmacies in an ever-increasing geographic circle - now takes 19, said David Hopkins, KASPER's program manager.

Police and drug agents today still must visit pharmacies to get prescriptions to obtain their proof. But KASPER within minutes tells them precisely which stores to visit, and which doctors approved the drugs.

In the first three months of this year, doctors, pharmacists and police requested 157,730 KASPER reports.

"Reverse" KASPER reports - ones that list prescriptions filled by a pharmacy, rather than bought by patients - also have led to charges of trafficking controlled substances in the commonwealth against drug technicians who filled prescriptions without legitimate prescriptions.

Droz believes Ohio/Kentucky will be the nation's first cross-border project, unless Indiana starts as part of the mix.

"Indiana is very interested," she said. "We have had discussions with them. I think they will be the first one to participate - and they may even be ready by the time we are ready for the pilot phase."

If that happens, "We'll choose an area in that tri-state area for our pilot," Droz said.

Lisa Schuler, 38, is a staff pharmacist at the Remke Markets store along Carothers Road in Newport.

"We sell tons of prescriptions from Ohio doctors - it's very common," Schuler said. Of course, there's nothing wrong with that. Many Northern Kentuckians have doctors in Cincinnati, particularly at area hospitals. Many Ohioans work and shop in Northern Kentucky.

"I think prescription drug abuse in general is a huge problem," Schuler said. "These are very sick individuals who are usually suffering from the disease of addiction, and their alcoholism. And I cannot personally or professionally enable that behavior, and there's consequences to it."

Schuler said she wishes people understood how deadly prescription drug abuse is.

"I stole this from a friend of mine, but there are three things that usually happen," she said: "People sober up, they get locked up or they get covered up (in a grave) - they die," she said. "If some people have to get locked up in order to have a life saved, I think that it's worth it."

Currently, doctors, pharmacists and police in Kentucky and Ohio can access the other state's prescription monitoring system, but it takes double the time to use two systems. Officials envision a combined system and eventually expect a nationwide program.

Schuler knows KASPER's usefulness: "I personally use it probably two or three times a week," she said. And pharmacists routinely let doctors know when patients are getting prescriptions from several physicians.

A system that shows prescriptions on both sides of the Ohio River "will be such an asset, as long as the system is done the same, where we can just obtain a Social Security number and link the two systems - I think it will be tremendous," Schuler said.

"Last year this time we thought it would have happened by now," Droz said about the Ohio/Kentucky link. But it was slowed by federal-funding snags.

"It got tied up in Washington, and it's just now we've gotten access to the money, so the project's back on track," Droz said. "So we are very hopeful we will be in pilot testing, at least, by the end of the year."

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"We plan to have a geographically small area with a small number of selected physicians and pharmacists to get the bugs out and make sure it works before we roll it out statewide," Droz said.

"The number of controlled substances continues to go up," Droz said. "But I'll tell you, when I went to work for Kentucky back in 1979, we had a prescription-drug problem in Kentucky. It was decades-old at that time, but nobody wanted to talk about it.

"And so when the Oxycontin thing hit, it was like it was this new thing," she said. "Well, no, it wasn't this new thing. Oxycontin was just the drug du jour. Before that it was Tylox. Before that it was Percoset. Before that it was Tylenol with codeine. Before that it was Dilaudid, and that's what it was when I came to work in 1979. Barbiturates back in the '60s. It's not a new problem. It's certainly bigger."

Doctors nationwide are prescribing ever-more pain medications. In Kentucky the number of controlled-substance prescriptions per person reached 2.58 per person last year, according to KASPER, up almost 33 percent from 2005. Local rates last year were 1.73 per person in Kenton County, 1.82 in Boone and 2.06 in Campbell. Clinton County on the Tennessee border had a rate of 4.45 per person, Kentucky's highest. OARRS could not provide local Ohio county statistics.

Droz said she very strongly supports "appropriate pain management," and wouldn't want doctors to under-treat pain. Nonetheless, recent theories about pain treatment have "contributed to a lot of more freely prescribing controlled substances," she said.

And then there are people brazen enough to try impersonating doctors' staffs and call in their own prescriptions, Schuler said.

"I've had a few just within the past year where people call in their own prescription - they pose as a doctor, or an agent of the doctor," she said. "Yeah, they just say, 'Hi, I'm Lisa with Dr. Smith and I'm calling in 20 Vicodin for so-and-so. Yeah, it happens."

**Load-Date:** May 4, 2010

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